PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Principal Life Insurance Company Political Action Committee 711 High Street ADDRESS (number and street) Government Relations (Check if address is changed) Des Moines 50392-0220 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kempkes.jill@principal.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00128918 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mohs, Jacque, S., Ms., Type or Print Name of Treasurer Mohs, Jacque, S., Ms., [Electronically Filed] 03 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	FEC <b>Fo</b> r	m 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate			
Name Cand						
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	ty Com	mittee:  (National, State	(Democratic			
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or part			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.					
	4.					

	FEC Form 1 (Revised (		Page 3
	/rite or Type Committee Name		
-	rincipal Lite In	surance Company Political Action Committe	<u>e</u>
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
P	rincipal Life Insuranc	e Company	
	Mailing Address	711 High St.	
		Des Moines IA 50392-0002	-
		CITY STATE ZIP	CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
<b>'</b> .	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
	Kempkes,	Jill, E. R., Ms.,	1
	Full Name	,711 High Street	
	Mailing Address		
		711-6C55	
		Des Moines   IA   50392-0220	
	Title or Position	CITY STATE ZIP	CODE
	Associate Director -		
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Mohs, Jaco of Treasurer	que, S., Ms.,	
	Mailing Address	711 High Street	
		Des Moines	-
	Title on De '''	CITY STATE ZIP	CODE
	Title or Position PrinPAC Treasurer		4514

	evised 02/2009)	Page 4
Full Name of Designated Paynor Agent	ne, Chris, , Mr.,	
Mailing Address	801 Pennsylvania Avenue, N.W.	
	Suite 420	
	Washington DC 2000 CITY STATE	04-2615 ZIP CODE
Title or Position PrinPAC Assistant Tr	Telephone number 202 –	292 - 5933
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the committee deposits funds, he maintains funds.	nolds accounts, rents
Name of Bank, Deposit		
	os Bank	
Axo	os Bank	
Axo	os Bank 4350 LaJolla Village Drive	22
Axo	Suite 140	ZIP CODE
Axo	Suite 140 San Diego CITY STATE	
Mailing Address	Suite 140 San Diego CITY STATE	
Mailing Address	Suite 140 San Diego CITY STATE	
Mailing Address  Name of Bank, Deposit	Suite 140 San Diego CITY STATE	
Mailing Address  Name of Bank, Deposit	Suite 140 San Diego CITY STATE	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5 **of** 5\_\_\_

5(a)	or(h). <b>Joint Fundraising</b>	. Particinant						
J(g)	1.	,	FEC ID number	C				
	2.		FEC ID number	C				
	3.		FEC ID number	C				
			FEC ID number	C				
	4		r Lo ib number	0				
6.		Organization, Affiliated Committee, Joint Fundince Company State and Federal Polit						
	Mailing Address	711 High Street						
		Government Relations						
		Des Moines	I IA	50392-0002				
	Relationship:	CITY A	STATE A	ZIP CODE ▲				
	Connected	Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponsor				
8.	Designated Agent: Identify by name, address (phone number – optional)  Payne, Chris, , Mr.,  Full Name							
8.	Payne, Ch							
8.	Payne, Ch			<u> </u>				
8.	Payne, Ch	nris, , Mr.,						
8.	Payne, Ch	801 Pennsylvania Avenue, N.W. Suite 420	DC .	20004-2615				
8.	Payne, Ch	801 Pennsylvania Avenue, N.W. Suite 420 Washington	DC					
8.	Payne, Ch Full Name  Mailing Address  TITLE OR POSITION	801 Pennsylvania Avenue, N.W.  Suite 420  Washington	DC STATE A	20004-2615 ZIP CODE ▲				
8.	Payne, Ch Full Name	801 Pennsylvania Avenue, N.W.  Suite 420  Washington  CITY	STATE A					
	Payne, Ch Full Name  Mailing Address  TITLE OR POSITION PrinPAC Assistant Tr	801 Pennsylvania Avenue, N.W.  Suite 420  Washington  CITY   ies: List all banks or other depositories in which	STATE A	ZIP CODE ▲  202   -   292   -   5933				
<ol> <li>8.</li> <li>9.</li> </ol>	Payne, Che Full Name  Mailing Address  TITLE OR POSITION PrinPAC Assistant Tr PrinPAC Assistant Tr Banks or Other Depositor safety deposit boxes or main Name of Bank,	801 Pennsylvania Avenue, N.W.  Suite 420  Washington  CITY   ies: List all banks or other depositories in which	STATE A	ZIP CODE ▲  202   -   292   -   5933				
	Payne, Ch Full Name  Mailing Address  TITLE OR POSITION PrinPAC Assistant Tr PrinPAC Assistant Tr Assistant Tr Assistant Tr Assistant Tr Banks or Other Depositor safety deposit boxes or mail	801 Pennsylvania Avenue, N.W.  Suite 420  Washington  CITY   ies: List all banks or other depositories in which	STATE A	ZIP CODE ▲  202   -   292   -   5933				
	Payne, Ch Full Name  Mailing Address  TITLE OR POSITION PrinPAC Assistant Tr PrinPAC Assistant Tr Assistant Tr Assistant Tr Assistant Tr Banks or Other Depositor safety deposit boxes or mail	801 Pennsylvania Avenue, N.W.  Suite 420  Washington  CITY   ies: List all banks or other depositories in which	STATE A	ZIP CODE ▲  202   -   292   -   5933				